

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

★ MAY 14 2025 ★

CHARLES MAXWELL # 4412400965

BROOKLYN OFFICE

Plaintiff,

**CIVIL RIGHTS COMPLAINT**

42 U.S.C. § 1983

[Insert full name of plaintiff/prisoner]

CHARLES MAXWELL

JURY DEMAND

YES ☐ NO ☒

-against-

Rikers Island.

OBCC Facility / Correction Officers.

25-cv-2827-NCM-PK

4 + member of Correction  
Officers.

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff CHARLES MAXWELL

If you are incarcerated, provide the name of the facility and address:

RNDC

11-11 Hazen street, East Elmhurst

N.Y. 11370

Prisoner ID Number. 4412400965

If you are not incarcerated, provide your current address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

John Doe  
Full Name

Correction officer  
Job Title

16-00 Hazen Street, East  
Elhurst, N.Y. 11370  
Address

Defendant No. 2

Jane Doe  
Full Name

Correction officer  
Job Title

16-00 Hazen Street,  
East Elhurst N.Y. 11370  
Address

Defendant No. 3

John Doe  
Full Name

Correction officer  
Job Title

16-00 Hazen Street,  
East Elhurst N.Y. 11370

EAST Elmhurst, NY, 11370  
Address

Defendant No. 4

John Doe  
Full Name

Correction Officer  
Job Title

1600 Hazen Street East  
Elmhurst, NY, 11370  
Address

Defendant No. 5

John Doe  
Full Name

Correction Officer  
Job Title

1600 Hazen Street  
EAST Elmhurst, NY, 11370  
Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? OBCC Facility.  
Hallway area.

When did the events happen? (include approximate time and date) 4/4/25  
11am - 12pm

Facts (what happened?) on 4/4/25 between 11am-12pm  
 In facility OBCC I was being escorted back from  
 The Clinic with an correction officer from an  
 emergency clinic response. Medical complaint  
 on issues with trouble breathing, blurry vision and  
 on/off headache and chest pains. After walking  
 pass The First 2 officers (John Doe & Jane Doe) C.O.  
 The First C.O. made a negative comment, which I  
 responded to with "for what reason". That mistook  
 another officer to respond in a verbal threatening matter.  
 (All on camera surveillance). while walking with a C.O.  
 escort, The C.O. (Correction officer) approach me (as if he  
 wanted to fight), which made others officers to surround  
 me. That made another C.O. to spray me with mace for no  
 reason from the side view, while The other two C.O. grab  
 each of my legs with no support with an attempt to  
 make me fall face first on The Floor with no vision to see  
 After The fall on partial side of My Face and head.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Right side of my face swell and ear, missing tooth,  
 marks on my face, Swell left and Right wrist, especially  
 my right wrist, from over tighten of cuffs, noise slightly  
 Swell, still trouble breathing before and after spray with mace.  
 Chest pains, I was treat after incident but to be  
 convince by staff to refused injuries, but I still made an  
 report statement. That same evening The move me out the  
 building. 3 days later another building, to avoid my continue  
 medical treatment soon after I did go to emergency but  
 side hospital to bellvue hospital on, ongoing medical issues, on  
 headache and chest pains, blurry vision, constant eye burn

continue  
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and chest. with over tight cuffs on my wrist  
started to swell along with my upper eye,  
noise and side face and head. I was  
then escorted to Intake, while twisting  
my wrist more tight cuffs, bending Arms  
than strip search, then sent to a  
small shower cell for an hour ~~plus~~ <sup>1/2</sup> / 2hr  
After only my back was taken photo  
when finally taken to medical on Injury  
medical staff was trying to convince  
me multiple times to refused Injury  
report in favor of the Correctional  
Officer which I refused and continue  
on with reporting my Injury. After that  
was sent back into Intake for several  
hours in a cell until they decide to  
send me out the building to another facility  
building for about three days then to  
another to avoid any medical assistance.

After visit to Bellare hospital  
Still waiting on my reports.

III. **Relief:** State what relief you are seeking if you prevail on your complaint.

continue on with Medical Assistances, which is  
a big issue being denied on Rikers Island.  
Compensated for pain and suffering, through  
on going Abuse with Correctional officer. That  
go on undocument even if you Complaint verbal and  
written document, they cover up, and mentally I  
~~suffering~~ struggling with Mental Health.

I declare under penalty of perjury that on 4/4/25, I delivered this  
(date)  
complaint to prison authorities at OBCC/Rikers Island to be mailed to the United  
(name of prison)  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated.

4/30/25

Chris Marshall  
Signature of Plaintiff

RNDC

Name of Prison Facility or Address if not incarcerated

11-11 Haven street, East  
Elhurst, N.Y 11370

Address

44/2400965  
Prisoner ID#

Charles Maxwell # 9412400965  
RND

11-11 Hazen Street,  
East Elmhurst, N.Y. 11370

upper

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★ MAY 14 2025 ★

BROOKLYN OFFICE

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United States District Court  
Eastern District of New York  
225 Cadman Plaza East, Brooklyn  
N.Y. 11201 (11201-183299)





